	Acplication or Docket Number														
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												56 /60			
									L		رين	30-6		,	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OF SMALL ENTITY			1	
TOTAL CLAIMS			10					RAT	Ē	FEE		RATE		EE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	77	0.00	
TOTAL CHARGEABLE CLAIMS			/ 0 - minus 20=		. Ø.			XS	9=		OR	XS18=			
INDEPENDENT CLAIMS			/- minus 3 =		· Ø			X43	=		OR	X86=			
MU	TIPLE DEPEN	DENT CLAIM PR	RESENT	/			+145=			OR	-290=				
* If the difference,in column 1 is less than zero, enter "						olumn 2		TOT	AL		OR	TOTAL	7	900	10
												OTHER	TH	AN	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	LL E	NTITY	OR	SMALL	_		
MTA		CLAIMS REMAINING AFTER	HIGH NUME PREVIO PAID		BER OUSLY	PRESENT EXTRA		RA	Έ	ADDI- TIONAL FEE		RATE	TI	ONAL FEE	! '
AMENDMENT	Total	• ()	Minus	.2°C)	= 0	1	xs	9=		OR	X\$18=	Ш		
MEN	Independent	• 1	Minus (2		= ()]	X4:	3=		OR	X86≃			
V	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDÉN	T CLAIM		Ţ	+14	5=		OR	+290=			
									OTAL		OR	TOTAL ADDIT. FEE		*	1
		(O.) 1)	•	(Column 2) (Column 3)				ADDIT	FEE		3	AUDII. PEC			1
ا		(Column 1) CLAIMS			HEST	1	ή			ADDI-	1		T	ADDI-	1
AMENDMENT B		REMAINING	1	NU	MBER	PRESENT		RA	TΕ	TIONAL	1	RATE		IONAL	. [
	,	AFTER AMENDMENT		1	NOUSLY D FOR	EXTRA		1 "		FEE			┸	FEE	4
	Total	*	Minus	** *		=		XS	9=		OR	X\$18=			
NE NE	Independent	*	Minus	***		=	4	X	3=		OF	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM			1,1	 45=		OŘ	+290=		_	1
									TOTAL		OF	TOT/			1
										<u> </u>		ADDIT FE	:E L		٦
_		(Column 1)			umn 2) SHEST	(Column	<u>ي</u>			1 400:	7		-	ADDI	\dashv
ပ္		REMAINING AFTER		NL	IMBER VIOUSLY	PRESENT EXTRA	7	R,	ATE	ADDI- TIONAL	_	RATE	:	TIONA	L
ᄩ		AMENDMENT			ID FOR	J.,,,,,,,	_			FEE	4		-	FEE	
AMENDMENT C	Total	•	Minus	•		=		X	9=		OF	X\$18	=		
MA	Independent	•	Minus			-	4	×	43=		OF	X86=			
K	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45=		OF	+290	_		
TOTAL											- ·	101	ΓAL		\dashv
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ADDIT FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" ADDIT FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"											''لــ	OR ADDIT FEE			一
-		umber Previously mber Previously f						lound a	n the a	abbrooria.e	001 in	column 1			

Payer and Trailor to Iminary S. DEPARTMENT OF COMMERCE